

**South Carolina Department of
Disabilities and Special Needs**

**REQUEST FOR LODGING IN EXCESS OF ALLOWABLE COST
(Accompanies Permission for Travel Form)**

DATE: _____

REGION: _____

DEPARTMENT: _____

EMPLOYEE NAME: _____

TRAVEL DESTINATION (City/State): _____

CURRENT GSA MAX LODGING RATE FOR DESTINATION CITY *\$ _____

***TO OBTAIN THE CURRENT GSA MAX LODGING RATE, GO TO WWW.GSA.GOV AND CLICK ON THE "POLICY" TAB. SCROLL DOWN TO "TRAVEL MANAGEMENT" AND CLICK ON THE BULLET "PER DIEM RATES".**

**PERMISSION IS REQUESTED FOR LODGING RATE
ALLOWANCE PER NIGHT OF:** \$ _____

NAME OF HOTEL: _____

BEGINNING DATE: _____ **ENDING DATE:** _____

JUSTIFICATION:
(Required) _____

Approval Requested By: _____
Employee Signature Date

Approval Recommended: _____
Division Director Signature Date

Regions/District Approval: _____
Facility Administrator or District Director Date

Central Office Approval: _____
State Director Date